



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

March 24, 2008

Jim Shadduck, Administrator
Ashley Manor - Beverly Hills, Ashley Manor LLC
861 Beverly Hills Drive
Payette, ID 83661

License #: RC-557

Dear Mr. Shadduck:

On February 5, 2008, a state licensure survey was conducted at Ashley Manor - Beverly Hills, Ashley Manor LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Polly Watt-Geier, LMSW, Health Facility Surveyor, Residential Assisted Living Facility Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "Polly Watt-Geier".

POLLY WATT-GEIER, LMSW
Team Leader
Health Facility Surveyor
Residential Assisted Living Facility Program

PWG/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Assisted Living Facility Program



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February 12, 2008

Jim Shadduck, Administrator
Ashley Manor - Beverly Hills, Ashley Manor LLC
861 Beverly Hills Dr
Payette, ID 83661

Dear Mr. Shadduck:

On February 5, 2008, a state licensure survey was conducted at Ashley Manor - Beverly Hills, Ashley Manor LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by March 5, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be "JS" followed by a stylized flourish.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R557	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/05/2008
NAME OF PROVIDER OR SUPPLIER ASHLEY MANOR - BEVERLY HILLS, ASHLEY I		STREET ADDRESS, CITY, STATE, ZIP CODE 861 BEVERLY HILLS DR PAYETTE, ID 83661		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard and follow-up survey conducted at your facility. The surveyors conducting the survey were:</p> <p>Polly Watt-Geier, MSW Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, R.N Health Facility Surveyor</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Ashley Manor - Beverly Hills</i>	Physical Address <i>861 Beverly Hills Drive Payette 83661</i>	Phone Number <i>208-642-1711</i>
Administrator <i>Jim Shadduck</i>	City <i>Payette</i>	ZIP Code <i>83661</i>
Survey Team Leader <i>Polly Wutt-beier</i>	Survey Type <i>SS/FU</i>	Survey Date <i>2/5/08</i>

NON-CORE ISSUES

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	350.07	The facility did not report two incidents to licensing & certification that were defined as reportable incidents.	3/21/08 PWLg
2	450	The facility did not meet the requirements of the Idaho food code refer to the kitchen inspection.	3/21/08 PWLg
3	625.01	One out of two staff records did not contain completed signed evidence of 16 hours of orientation.	3/21/08 PWLg
4	630.01 a-g	One of of two staff records did not have evidence a dementia training to include items a through g.	3/21/08 PWLg
5	711.01 a-c	The facility did not document when specific resident behaviors were observed, the specific interventions implemented and the effectiveness of each intervention.	3/21/08 PWLg
6	725.01	The facility did not maintain a current admission discharge register.	2/21/08 PWLg

Response Required Date

3/5/08

Signature of Facility Representative

[Signature]